



BUDGET - Cooperative Agreement Appendix I-a

State Form 41708 (R3 / 3-96) / FM 0901

INSTRUCTIONS: The line items below must correlate with the line items on the county budget. Please attach a copy of the council approved Budget Estimate (Budget Form) SF 41707 / FM 0900 and SF 24223 / FM 0902.

County
Budget year

1. PERSONAL SERVICES			
101	SALARIES AND WAGES		
102	EMPLOYEE BENEFITS TOTAL		
102A	SOCIAL SECURITY		
102B	RETIREMENT		
102C	INSURANCE		
102D	UNEMPLOYMENT		
102E	OTHER - Specify:		
TOTAL			

2. SUPPLIES			
201	OFFICE SUPPLIES		
202	OTHER - Specify:		
TOTAL			

3. OTHER SERVICES AND CHARGES			
301	POSTAGE		
302	TRAVEL (Rate: \$ _____ per mile)		
303	TELEPHONE		
304	PRINTING		
305	LEGAL NOTICE		
306	COPY SERVICES		
307	MAINTENANCE OF EQUIPMENT		
308	BONDS AND INSURANCE		
309	RENT		
310	UTILITIES		
311	DUES AND SUBSCRIPTIONS		
312	DATA PROCESSING CHARGES		
313	EQUIPMENT RENTAL		
314	OTHER - Specify:		
TOTAL			

4. CAPITAL OUTLAYS			
401	FURNITURE AND FIXTURES		
402	OFFICE MACHINES		
403	OTHER - Specify:		
TOTAL			
		A. TOTAL BUDGET ESTIMATE	
		B. C.S.B. BUDGET ALLOCATION	
		C. DIFFERENCE (A-B)	

Comments:			
Name of person preparing budget		Position	Date prepared
Telephone number			
I certify that the above is an accurate representation of the anticipated expenditures necessary to fulfill my obligations as outlined in the Cooperative Agreement for the budget year indicated. I further certify that such expenditures are for the sole purpose of fulfilling my obligations as outlined in the Cooperative Agreement and that the State and any County matching funds included herein shall be expended in accordance with all applicable federal, state, and local laws and regulations.			
Signature of elected official		Name (print or type)	Date
BUDGET APPROVAL		Budget approved (as described above) for \$	Signature of C.S.B. manager
Date			
C.S.B. comments:			